



Town of Lebanon

2016 Holiday Giving Program

For Lebanon children 15 years & younger

Parent/Guardian's Name: _____ Phone: () _____ - _____

Address: _____, Lebanon, CT 06249

Monthly Gross Income for entire household before deductions: _____

Child's Name: _____ Age: _____ Gender: _____

Clothing Size: _____

Child's Wish List: (Please no big ticket items-each gift value up to \$25)

*Can be clothing, toys, gift card. Please note, not all requests will be honored.

1.) _____

2.) _____

3.) _____

4.) _____



Child's Likes/Interests:



FORMS NEED TO BE RETURNED TO SOCIAL SERVICES NO LATER THAN NOV 4th

Office Use Only:

Donor: _____

Donor Address: _____ Contact: _____

Code: _____ Pick Up Date/Time: _____